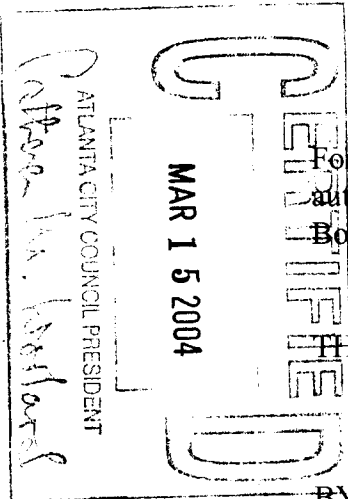


Entered - 06/17/03 - sb
CL - 03L0510 LISA CARTER

04-*p*-0406

CLAIM OF: ALLSTATE INSURANCE COMPANY,
as subrogee of David Wacht
P.O. Box 168288
Irving, Texas 75016

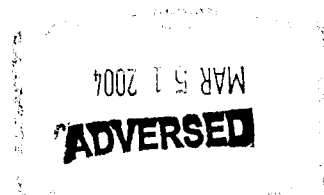
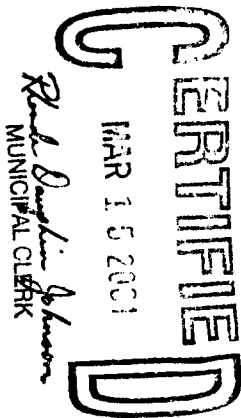


For damages alleged to have been sustained as a result of an automobile accident on March 3, 2003 at 1775 Aviation Boulevard.

THIS ADVERSED REPORT IS APPROVED

BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY



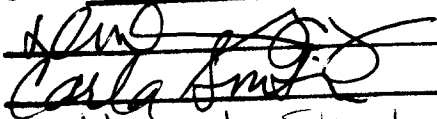
ADVERSE REPORT

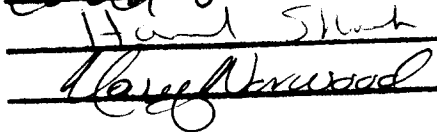
PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR: _____


Carla Smith


Harold Smith

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0510

Date: February 24, 2004

Claimant /Victim ALLSTATE INSURANCE COMPANY as subrogee of David Wacht

BY: (Atty) (Ins. Co.) _____

Address: P.O. Box 168288 Irving, Texas 75016

Subrogation: _____ Claim for Property damage \$ 3,090.32 Bodily Injury \$ _____

Date of Notice: 06/12/03 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 03/03/03 Place: 1775 Aviation Boulevard

Department Fire Services Bureau: _____ Division: _____

Employee involved Russell Schwanties Disciplinary Action: Letter of Counseling

NATURE OF CLAIM: The driver of the city vehicle made an improper lane change and struck the claimant's vehicle causing damages in the above amount. However the claimant has elected to file a lawsuit to resolve the issues raised in the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____

Claims Manager:  Concur/date 02/26/04

Committee Action: _____ Council Action _____

FORM 23-61





RECEIVED JUN 12 2003

*File
Carter
06/13/03
Du*

ALLSTATE INSURANCE CO. OF GA
P.O. BOX 168288
IRVING TX 75016-0288

(800) 374-4246

**ENTERED - 6-17-03 - DP
03L0510 - I ISA CARTER**

CITY OF ATLANTA/SHERB (03L0510)
55 TRINITY AVE SW
ATLANTA GA 30307

OUR INVESTIGATION INDICATED THAT YOUR INSURED WAS RESPONSIBLE FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER, THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM. PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227254
DALLAS, TX 75227-2544

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INSURANCE COMPANY

CBP:G

YOUR FILE NO. : RUSSELL SCHWANT
YOUR INSURED : CITY OF ATLANTA
ADDRESS :

OUR CLAIM NO. : 4096858636 ADD
OUR INSURED : DAVID BACH
LOSS DATE : 03/03/03

LOCATION :
AVIATION RD ATLANTA GA

AMOUNT OF LOSS: **\$3,090.32**

RECEIVED JUN 17 2003



Allstate.
You're in good hands.

3100 Interstate N. Circle

Suite 400

Atlanta, GA 30309

June 17, 2003

Allstate Policy Number 910512932

Allstate Claim Number 4096858636

In reference to the auto accident which took place on January 17, 2003, our insured David Wacht, states that he was traveling straight when he was struck by a fire truck that made a wide right hand turn. The driver of the fire truck was found to be at fault at the scene.

04- R-0406



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 26, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Allstate Insurance Company
as subrogee of David Wacht
P. O. Box 168288
Irving, Texas 75016

04-R-0406

Dear Mr. Wacht:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 15, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department